

Inspector View Only - Navy Construction / Facilities Management Invoice

[-] Document Information

Contract Number Type	Contract Number	Delivery Order	Reference Procurement Identifier	Effective Date	Construction	Fixed Price
DoD Contract (FAR)	N4008514C9112			2014/07/02	Y	Y
Invoice Number	Invoice Date	Final Invoice?	Invoice Received Date			
10	2017/01/23	N	2017/01/23			
Discounts						
NET : 14						
Summary of Detail Level Information			Deduction Amount (\$)	Retention Amount (\$)	Total (\$)	
1 CLIN/SLIN(s)			0.00	0.00	242,874.67	

[-] Line Item Information

Document Total		Deduction Amount		Retention Amount		Govt Approved Total	
242,874.67		0.00		0.00		242,874.67	
Item No.	PR Number	Qty. Provided	Unit of Measure	UofM Code	Unit Price (\$)	CLIN Amount (\$)	Approved Amount (\$)
0002		1	JOB	JA	242,874.67	242,874.67	242,874.67
Description					Recommended Deduction Amount (\$)		
Phase I and Phase II have been combined and entered as Item No 0002 as the funds in Item No 001 have been depleted.							
Line Total:		Deduction Amount	Retention Amount	ACRN Approved Amount			
		0.00	0.00	242,874.67			
Sub-Line No.		AAA	TFO	SDN		ACRN	
000202		040085	N	N4008514C9112		AB	
ACRN Amount		Deduction Amount	Retention Amount	ACRN Approved Amount			
242,874.67				242,874.67			

[-] LLA Information

LLA Level : ACRN

Item Number	Sub Line	ACRN	
0002	000202	AB	
Document Record Reference ID	Agency Accounting ID	ACRN	
N4008514C9112	040085	AB	
Agency Qualifier Code	Defense Agency Allocation Recipient	Cost Code	Department Indicator
DD			
Job/Work Order Code	Cost Allocation Code	Transfer from Department	Sub-Allotment Recipient
Classification Code	Fiscal Year Indicator	Work Center Recipient	DoD Budget Accounting Classification Code
Basic Symbol Number	Major Reimbursement Source Code	Limit/Sub Head	Reimbursement Source Code
Fund Code	Customer Indicator/MPC	Fund Org Admin Code	Object Class
IFS Number	Allotment Serial Number	Government Public Sector ID	Transaction Type
Activity Address Code	Foreign Currency Code	Program/ Planning Code	Program Element Code
FMS Case Number (1-3)	FMS Case Number (4-5)	FMS Case Number (6-8)	Project Task/Budget Subline
Special Interest/Program Cost			

[-] Address Information

Prime Contractor			
CAGE Code	DUNS	DUNS + 4	Extension
4TVH5	156422128		
Activity Name 1			
CITY ENTERPRISE, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
52-60 BERKSHIRE AVE			
Address 2			
Address 3			
Address 4			
City		State	Zip
SPRINGFIELD		MA	01109
Country		Military Location Description	
USA			

Administered By	
DoDAAC	
N40085	
Activity Name 1	
NAVAL FAC ENGINEERING CMD MID LANT	
Activity Name 2	
Activity Name 3	
Address 1	
BUILDING X275	
Address 2	
9742 MARYLAND AVENUE	
Address 3	
Address 4	
NORFOLK VA 23511-3015	
City	State Zip
Country	Military Location Description

Inspect By	
DoDAAC	Extension
N44211	
Activity Name 1	
NAVFAC MID ATL PWD NEWPORT FEAD	
Activity Name 2	
Activity Name 3	
Address 1	
1 SIMONPIETRI DRIVE	
Address 2	
NAVAL STATION	
Address 3	
Address 4	
NEWPORT RI 02841-1712	
City	State Zip
Country	Military Location Description

Accept By	
DoDAAC	Extension
N44211	
Activity Name 1	
NAVFAC MID ATL PWD NEWPORT FEAD	
Activity Name 2	
Activity Name 3	
Address 1	
1 SIMONPIETRI DRIVE	
Address 2	
NAVAL STATION	
Address 3	
Address 4	
NEWPORT RI 02841-1712	
City	State Zip
Country	Military Location Description

Local Processing Official	
DoDAAC	Extension
N44211	
Activity Name 1	
NAVFAC MID ATL PWD NEWPORT FEAD	
Activity Name 2	
Activity Name 3	

Payment Official	
DoDAAC	Extension
N68732	
Activity Name 1	
DEFENSE FINANCE AND ACCOUNTING SERV	
Activity Name 2	
Activity Name 3	

Address 1

1 SIMONPIETRI DRIVE

Address 2

NAVAL STATION

Address 3

Address 4

NEWPORT RI 02841-1712

CityStateZip

CountryMilitary Location Description

Address 1

CLEVELAND-NORFOLK ACCOUNTS PAYABLE

Address 2

1240 E 9TH ST SB39 ACCTS PAYABLE

Address 3

Address 4

CLEVELAND OH 44199-2001

CityStateZip

CountryMilitary Location Description

Issue By

DoDAAC

N40085

Activity Name 1

NAVAL FAC ENGINEERING CMD MID LANT

Activity Name 2

Activity Name 3

Address 1

BUILDING X275

Address 2

9742 MARYLAND AVENUE

Address 3

Address 4

NORFOLK VA 23511-3015

CityStateZip

CountryMilitary Location Description

[-] Misc Information

Initiator

Name:

(b) (6)

Email:

(b) (6)

Org Email:

(b) (6)

Attachments:

20148007CityEnterpriseInvoice10PhaseI1.pdf

20148007CityEnterpriseInvoice10PhaseI.2.pdf

20148007CityEnterpriseInvoice10PhaseI.3.pdf

20148007CityEnterpriseInvoice10PhaseII.pdf

20148007CityEnterpriseInvoice10PhaseII.1.pdf

Date of Action / IRD:

2017/01/23 1339 MST / 2017/01/23 1339 MST

Phone #:

(b) (6)

Title:

Office Administrator

DSN:

Action(s):

[Submitted, Web, Stand Alone]

[View Attachment](#)

[View Attachment](#)

[View Attachment](#)

[View Attachment](#)

[View Attachment](#)

20148007CityEnterpriseInvoice10PhaseII.2.pdf

[View Attachment](#)**Comments:**

Phase I & Phase II have been combined and entered as Item No 0002 as the funds in Item No 001 have been depleted.

Inspector

Name: (b) (6)	Date of Action: 2017/01/25 0854 MST	Phone #: (b) (6)	DSN: (b) (6)
Email: (b) (6)		Title: Elec/Mech Section Head	Action(s): [Inspected]
Org Email: nfecml_wawf_invoice_fead_newport@navy.mil			
Attachments:			
Comments:			

Acceptor

Name: (b) (6)	Date of Action: 2017/01/31 1525 MST	Phone #: (b) (6)	DSN: (b) (6)
Email: (b) (6)		Title: OFFICE MANAGER	Action(s): [Accepted]
Org Email: nfecml_wawf_invoice_fead_newport@navy.mil			
Attachments:			
Comments:			

Local Processing Official

Name: (b) (6)	Date of Action: 2017/02/01 0914 MST	Phone #: (b) (6)	DSN: (b) (6)
Email: (b) (6)		Title: Contract S pecialist	Action(s): [Certified, Processed via EDI]
Org Email: nfecml_wawf_invoice_fead_newport@navy.mil			
Attachments:			
Comments:			

Payment Official

Name:	Date of Action: 2017/02/01 2258 MST	Phone #: Phone number 855-608-3975, Option 1 - Pay Status, Option 2 - Verify Payment Received Option 3 - WAWF Invoice Status	DSN:
Email:		Title:	Action(s): [Processed via EDI]
Org Email: DNFWAWF2@DFAS.MIL			
Attachments:			
Comments: Document was processed by the entitlement system. FOR PMT ON 170202-ESTPD 170206 AMT CERT \$242874.67 DFAS Customer Service Telephone Number: Phone number 855-608-3975, Option 1 - Pay Status, Option 2 - Verify Payment Received Option 3 - WAWF Invoice Status			

Payment Official

Name:	Date of Action: 2017/02/05 1629 MST	Phone #:	DSN:
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Email:	Title:	Action(s):
Org Email:		[Paid]
DNFWAWF2@DFAS.MIL		
Attachments:		
Comments:		
Paid.		

[-] Workflow Information

Contractor Certification

I hereby certify, to the best of my knowledge and belief, that --

(1) The amounts requested are only for performance in accordance with the specifications, terms, and conditions of the contract;

(2) All payments due to subcontractors and suppliers from previous payments received under the contract have been made, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of chapter 39 of Title 31, United States Code;

(3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract; and

(4) This certification is not to be construed as final acceptance of a subcontractor's performance.

	Signature Date	(b) (6)
	2017/01/23	Signature of Contractor Representative

ACTION BY: N44211

<input checked="" type="checkbox"/> Recommend Approval			Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents
<input type="checkbox"/> Recommend Reduced Amount	Inspection Date	Signature Date	(b) (6)
	2017/01/25	2017/01/25	
<input type="checkbox"/> Recommend Rejection			Signature Of Authorized Government Representative

ACTION BY: N44211

Approved Amount : \$242,874.67

<input checked="" type="checkbox"/> Approve			Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents
<input type="checkbox"/> Approval with Deductions	Acceptance Date	Signature Date	(b) (6)
	2017/01/25	2017/01/31	
<input type="checkbox"/> Reject to Initiator			Signature Of Authorized Government Representative

ACTION BY: N44211

<input checked="" type="checkbox"/> Document Certified	Signature Date	Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.
<input type="checkbox"/> Document Rejected	2017/02/01	(b) (6)

Signature Of Authorized Government Representative

ACTION BY: Payment Official

<input checked="" type="checkbox"/> Document Accepted
<input checked="" type="checkbox"/> Document Processed
<input type="checkbox"/> Document Rejected
<input type="checkbox"/> Document Suspended
<input type="checkbox"/> Document Available For Recall
<input type="checkbox"/> Document in MyInvoice"
<input checked="" type="checkbox"/> Document Paid

Close